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FACSIMILE TRANSMITTAL SHEET

To:

Examiner Fangemonique A. Smith - Group Art Unit: 3736

FIRM/COMPANY:

U.S. Patent and Trademark Office - Mail Stop Amendment

FACSIMILE NUMBER:

(571) 273-8300

CONFIRMATION

TELEPHONE:

(571) 272-8160 (Examiner)

FROM:

Anne Marie Leavy-Ghazi for Edward J. Lynch

DIRECT DIAL:

415.957.3017

DATE:

November 10, 2006

USER NUMBER:

5121

FILE NUMBER:

Docket No. R0367-03700

TOTAL # OF PAGES: (INCLUDING COVERSHEET)

31

MESSAGE:

Attached is an Amendment and Response to Office Action mailed

7/14/2006 in connection with patent application Serial No.

10/642,406, filed August 15, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

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	II	N THE UNITED STAT	res paten	NT AND TR	ADEM <i>A</i>	RK OFF	(CE
	e the appli Burbank e)	Examiner: Fangemonique A. Smith		
For	For: BIOPSY DEVICE WITH NEEDLE SHAPE INNER CUTTER			APED	Group Art Unit: 3736		
Serial No.: 10/642,406							
Filed: August 15, 2003) TRANSMITTAL		
Atty. Docket No.: R0367-03700					<u> </u>		
CERTIFICATE OF MAILING/PACSIMILE PURSUANT TO 37 C.F.R. §1.8 I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed to Examiner Fangemonique A. Smith, Mail Stop Amendment, Commissioner for Paterns, P.O. Box 1450, pleasandia VIV22313-4550, on November 10, 2006, in San Francisco, CA. Anne Marif Leavy-Ghazi							
Con P.O.	Box 1450	for Patents	· · · · · · · · · · · · · · · · · · ·	yma.	,	٠	
Dear Sir:							
1.	Transmitted herewith for filing in the above-identified patent application is an <u>Amendment</u> and Response to Office Action Mailed 07/14/2006 and Request for Extension of Time.						
2.	Claim Fee Calculation						
	X No additional claim fee is required.						
	Amendment increases number of claims or multiple dependencies. Additional Claim Fee Calculation						
		Description	Fee Code	Claims	Extra	Rate	Fee
		Independent Claims	2201	11 – 11 =	0 x	\$100=	\$-0-
		Total Claims	2202	86 - 86 =	0 x	\$25=	\$-0
		Total Claims	2202				\$-0
Additional Claims Fee 3. Additional fees: Request for Extension of Time for one (1) month from Oc							-
3. Additional fees: Request for Extension of Time for one (1) month from October 1 to November 14, 2006 pursuant to 37 CFR §1.17(a)(1)							
	10 11010	inder 11, 2000 parsuant		g.,,,,(a)(,)	Total F	ees Due	\$60.
4.							
	Enclosed is a check for the total fees due in the amount of						
	X The Commissioner is authorized to charge any fees and to credit any overpayment						
	of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit						
	Account No 04-1679, referencing Atty. Docket No. R0367-03700. A duplicate						
	copy of this document is enclosed for fee processing.						
	By: (dward then I						
	Dj 0 (00 0-11 x : 10-11)						

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Edward J. Lynch Registration No. 24,422

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Burbank et al.

For: BIOPSY DEVICE WITH NEEDLE **SHAPED INNER CUTTER**

Serial No.: 10/642,406

Filed: August 15, 2003

Examiner: Fangemonique A. Smith

Group: 3736

AMENDMENT AND RESPONSE TO OFFICE ACTION MAILED

07/14/2006

Atty. Docket No.: R0367-03700

CERTIFICATE OF MAILING PURSIONNT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Attention: Examiner Fangemonique A. Smith, Commissioner for Patents, P.O. Box 1450, Alexandria, 14 22613 250 on 11-10-06 in San Francisco, CA.

By: Little Value Charge

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed July 14, 2006 in the above-referenced application, please amend the above-referenced application as follows:

11/14/2006 EFLORES 00000016 041679 10642406

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60.00 DA